



**PLEASE FILL
OUT COMPLETELY**

APPLICATION FOR EMPLOYMENT
CHILDCARE CAREGIVER

			Age	Male/Female
PERSONAL INFORMATION				
Last 4 of Social Security Number XXX-XX-	First Name	Last Name	Middle Name	
Address (Street Number and Name)			City	
State	Zip Code	Mobile Phone	E-Mail	

WORK ELEGIBILITY

Have you worked in a Childcare center in the past? ☐ YES ☐ NO

Do you have any children that will be attending childcare? ☐ YES ☐ NO

Are you currently working? ☐ YES ☐ NO

Are you eligible to work in the United States? ☐ YES ☐ NO

Are you available to work holidays? ☐ YES ☐ NO

Do you have a valid Driver's License? ☐ YES ☐ NO

Are you willing to drive a daycare Van with children? (training provided) ☐ YES ☐ NO

Are you willing to work at a different center when needed? ☐ YES ☐ NO

Have you been convicted of or pleaded no contest to a felony withing the last five years? ☐ YES ☐ NO

If yes, please explain: _____

Are you willing to complete a criminal background check before being hired? ☐ YES ☐ NO

AVAILABILITY

What type of work are you looking for: ☐ Permanent ☐ Temporary

Desired Employment Type: ☐ Full-Time ☐ Part-Time

Days available: ☐ Mon. ☐ Tue. ☐ Wed. ☐ Thu. ☐ Fri. ☐ Sat.

Hours Available: From: _____ To: _____

Are you willing to have an open and flexible work schedule? ☐ YES ☐ NO

Do you have any pre-scheduled time off or planned vacations? ☐ YES ☐ NO

When will you be available to begin work? _____

LANGUAGES SPOKEN

English: ☐ Speak ☐ Read ☐ Write **Spanish:** ☐ Speak ☐ Read ☐ Write

EDUCATION AND TRAINING

Do you have a High School Diploma or GED? ☐ YES ☐ NO

College Degrees or Diplomas achieved: _____

Special training or skills: _____

EMPLOYMENT HISTYORY (please list last two employers)

1. Company Name: _____ City/State: _____

Company Phone Number: _____ Employed From: _____ To: _____

Name of Supervisor: _____ Supervisors Phone Number: _____

Job Title/Position: _____ Hourly Pay: _____ Hours Worked: _____

May we contact this employer? ☐ YES ☐ NO If not, why? _____

Reason for Leaving: _____

2. Company Name: _____ City/State: _____

Company Phone Number: _____ Employed From: _____ To: _____

Name of Supervisor: _____ Supervisors Phone Number: _____

Job Title/Position: _____ Hourly Pay: _____ Hours Worked: _____

May we contact this employer? ☐ YES ☐ NO If not, why? _____

Reason for Leaving: _____

PERSONAL REFERENCES (Exclude relatives in same household and former employers listed above)

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

ADDITIONAL QUESTIONS

1. Are you currently going to school or taking any classes to further your career? ☐ YES ☐ NO

If yes, please explain: _____

2. If hired, how will this employment opportunity help you achieve your future goals? _____

3. How do you see yourself growing with our company? _____

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize verification of any or all information listed above.

Name and Signature

Date